Child Fatality and Near Fatality External Review PanelVirtual Meeting

Tuesday, July 25, 2023

MINUTES

Members Present: Lori Aldridge, Co-Chair, Tri County CASA; Dr. Melissa Currie, Norton Children's Pediatric Protection Specialist, University of Louisville; Lesa Dennis, Commissioner, Department for Community Based Services; Detective Jason Merlo, Kentucky State Police; Jan Bright, State Child Fatality Review Team; Steve Shannon, Executive Director, KARP, Inc.; Olivia Spradlin, ZeroV; Dr. Christina Howard, Child Abuse Pediatrician, University of Kentucky; Geoff Wilson, LCSW, Practicing Addiction Counselor; Dr. Jaime Kirtley, Prevent Child Abuse Kentucky; Dr. Henrietta Bada, Department for Public Health; Mark Hammond, Kentucky Coroner's Association; and Dr. William Ralston, Chief Office of the Medical Examiner.

Welcome and Introductions

Lori Aldridge, Co-Chair

Lori Aldridge welcomed everyone to the July meeting of the Child Fatality and Near Fatality External Review Panel. Everyone should have the Minutes and Case Review Summaries from the June meeting in their email. If everyone has had an opportunity to review those, we will entertain a motion. Dr. Melissa Currie made a motion to adopt the minutes and case review summaries which was seconded by Dr. Henrietta Bada. With no objections, the June Minutes and Case Review Summaries stand as submitted.

Elisha introduced Olivia Spradlin as the new representative from ZeroV. Olivia Spradlin informed the team that Isela Arras has left ZeroV, and they are rearranging some things in her absence. Olivia has worked with several members on other engagements and looks forwarding to working with this team.

Elisha introduced Casey Gill. Casey is the epidemiologist assigned to the panel from the Department for Public Health and assisted the panel in the past with developing the REDCap survey. We also have our new administrative assistant assigned to the panel, Emily Myers. Everyone please welcome them to the team. Next on the agenda, we have Rebecca Norton, the finance director with the Justice Cabinet to discuss the budget.

Budget Approval

Rebecca Norton, JPSC

Elisha shared with everyone the proposed budgetary request. As we discussed during last month's meeting, essentially, we are in the beginning of the budget development time. We talked through what you are spending your budget on now and potentially what you would like to ask for going forward. What you received via email is basically a rough draft, I am certainly open to questions, comments, or revisions but the main thing we will be requesting in addition to what the panel is currently allocated would be that second social services clinician position, funding to continue the epidemiology contract, and one time funding for software upgrade. The number we used for that was from the COT assessment

but that doesn't mean we are locked into doing what they had suggested. There's certainly still an opportunity to look at other programs or procurement, that's just a place holder for the dollar amount. I think these are all items we discussed last month. Essentially the word document is the exact format it would be inserted into the budget request. Nothing about that will really change. So, if you want to take some time between this meeting and the August meeting to make any comments or questions or revisions. I can make those changes and we can circulate a final copy for approval before submission. Does anybody have any questions now?

Dr. Howard – Do we need to prioritize some of these additional asks, or do you think we will get what is being asked? I think we have to do the software upgrade, correct?

Rebecca – Correct. If anyone wants to take a stab at rewording or making a wording suggestion, as to how we can best describe that, that is unfortunately not optional for the software upgrade that would probably be a good addition to that narrative. Unfortunately, sometimes they don't care when we say that is something that we are required to do, and we may not receive funding for it. If you think there is a better clearer way to get across that is a requirement, I'm open to suggestions and changes on that.

Elisha – Does anyone have any additional questions for Rebecca? Seeing none, thank you Rebecca. If I receive any additional changes, I'll certainly pass them your way.

LOIC Update Elisha Mahoney

Proposed final responses were sent to all members in the same email with the budget documents. Thank you to the members that provided responses. Reminder those are due tomorrow. If anyone has any additional changes, please get those to me as soon as possible. The panel is set to testify on August 10th, Steve Shannon and Lori Aldridge will be the members representing the panel. If anyone else would like to join us, please let me know.

Case Updates:

NF-090-22-C – After reviewing the health department records, it appears there was a failure to refer the family to HANDS.

Case Reviews:

The following cases were reviewed by the Panel. A case summary of findings and recommendations are attached and made a part of these minutes.

Group	Case #	<u>Analyst</u>
1	F-036-22-C	Joel Griffith
2	F-054-22-PH	Joel Griffith
3	F-048-22-NC	Joel Griffith

4	F-055-22-PH	Joel Griffith
3	F-056-22-PH	Joel Griffith
2	F-033-22-C	Cindy Curtsinger
4	NF-041-22-C	Cindy Curtsinger
1	NF-054-22-C	Cindy Curtsinger
3	NF-113-22-C	Cindy Curtsinger
4	NF-129-22-C	Cindy Curtsinger
2	F-057-22-PH	Joel Griffith
1	NF-061-22-C	Joel Griffith
2	NF-065-22-NC	Joel Griffith
1	NF-082-22-C	Joel Griffith
3	F-058-22-PH	Joel Griffith
4	NF-017-22-C	Cindy Curtsinger
1	NF-067-22-C	Cindy Curtsinger

Additional Discussion:

- Best practice recommends substance exposed infants should remain hospitalized for fivedays for observation and extended family services.
- Department for Public Health will update their safe sleep campaign to notify the public that co-sleepers (Dock-A-Tots) are not recommended for safe sleep.
- Best practice recommends coroners always request an autopsy on children under the age of 18.

Meeting adjourned.

^{*}Potential recommendation – Multidisciplinary teams should be reviewing all fatalities and near fatalities suspected of physical abuse in addition to sexual abuse cases. This could potentially alleviate the communication issues and barriers identified during case reviews.